MACOMB COUNTY HEALTH DEPARTMENT 43525 ELIZABETH ROAD MOUNT CLEMENS, MI 48043 586-469-5236

REQUEST FOR WELL WATER TESTING

		n at the following location: Date:		
rume.			Dutc	
Address:				
	Number Street Name		City/Township	Zip
Daytime Phone Number:			Nearest Cross	
-		<u> </u>	Streets	
T D 1		#1400		
Test Requested:	☐ Bacteriological	\$14.00		
	□Arsenic	\$16.00		
	Partial Chemical (includes: chloride, fluor	\$14.00 ride, hardness, in	ron, nitrate, nitrite, sodium	ı & sulfate)
	Other		Fee \$	
Amount Enclosed \$_	Mai	il check payabl	e to: MACOMB COUNTY F 43525 Eliza	beth Rd.